

<b>Case Number:</b>	CM13-0014539		
<b>Date Assigned:</b>	10/03/2013	<b>Date of Injury:</b>	07/18/2011
<b>Decision Date:</b>	01/24/2014	<b>UR Denial Date:</b>	08/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, Pulmonary Diseases and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 50 year old female who reported an injury on 07/18/2011. The mechanism of injury was a fall. Her post-injury diagnoses included cervical, mid-back, and lumbar sprain/strain, anxiety and depression, insomnia, and hypertension. The resulting injuries were to her neck and low back, for which, she received MRIs and physical therapy. She was then released back to work with no restrictions. The patient continued to complain of pain, was placed on modified duties, and an EMG/NCV was done on 04/10/2013 reporting a moderate bilateral compression at the carpal tunnel median nerve, otherwise normal for both upper and lower extremities. The patient continues to complain of neck and low back pain.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Physical therapy, cervical lumbar spine x198 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The Physician Reviewer's decision rationale: The California MTUS Guidelines recommend up to 10 visits of physical therapy for myalgia, myositis, neuralgia,

neuritis, and radiculitis. The patient's original injury was a strain/sprain to the cervical, mid-back, and lumbar regions of the spine. Guidelines also state that therapy can be extended if objective documentation of functional improvement is provided, but that patients should be expected to participate in a self-directed home exercise program once treatment begins to fade. A clinical note dated 03/28/2013 stated that the patient had reached maximum medical improvement and that the patient reported she was able to perform her usual and customary duties without restrictions. There were no physical therapy notes provided in the medical records to show any progress the patient made during treatment and/or exceptional factors related to such excessive physical therapy needs. As such, the request for physical therapy for cervical and lumbar spine, 198 visits, 08/30/2011-05/28/2013, is non-certified.